

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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46						
47						
48						
49						
50						
TOTAL IND.	19					
TOTAL DEP.	5					
TOTAL CLAIMS	24					

	1*		2*		3*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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58						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS